Case 24-13989-ABA Doc 33 Filed 02/24/25 Entered 02/24/25 19:27:03 Desc Main AMENDED Document Page 1 of 9

Fill in this in	formation to identify	your case:	
Debtor 1	James R. Torres	Sr.	
Debtor 2	First Name Omayra Torres	Middle Name	Last Name
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	District of New Jersey	,
Case number	24-13989		,
(If known)			

<u>Ch</u>	eck if this is:	
<u> </u>	An amended filing	q

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

<ol> <li>Fill in your employment information.</li> </ol>		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job attach a separate page with information about additional employers.	Employment status	Employed  Not employed	☐ Employed ✓ Not employed
Include part-time, seasonal, or self-employed work.		Sheriff Office	
Occupation may include stude or homemaker, if it applies.	Occupation nt	Atlantic County	
	Employer's name		
	Employer's address	1333 Atlantic Avenue	
		Number Street	Number Street
		Atlantic City, NJ 08401	
		City State ZIP Code	City State ZIP Code
	How long employed the	ere? 15 years	

#### Part 2:

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$\ 7,735.46 \ \$\ 0.00

3. Estimate and list monthly overtime pay.4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

\$\_\_\_\_\_8

For Debtor 2 or non-filing spouse

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			For	Debtor 1		For Debtonon-filing				
Copy line 4 here		<b>→</b> 4.	ę 1	0,013.92		\$	0.00			
5. List all payroll deductions:		7 4.	Ψ			Φ				
	with a distribution of	<b>-</b> -	•	1,872.00		Φ.	0.00			
5a. Tax, Medicare, and Social Secu	•	5a.	\$	944.34		\$	0.00			
5b. Mandatory contributions for ret	•	5b.	\$	433.33		\$	0.00			
5c. Voluntary contributions for reti	•	5c.	\$	858.30		\$	0.00			
5d. Required repayments of retirem	nent fund loans	5d.	\$			\$				
5e. Insurance		5e.	\$	1,070.70		\$	0.00			
5f. Domestic support obligations		5f.	\$	0.00		\$	0.00			
5g. Union dues	i ii Di	5g.	\$	87.17		\$	0.00			
5h. Other deductions. Specify: Pre	escription Plan	5h.	+\$	211.06		+ \$	0.00			
AFLAC Disability Insurance			\$	123.37		\$				
		-	\$			\$				
			\$			\$				
6. Add the payroll deductions. Add line	es 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	\$	5,600.27		\$	0.00			
7. Calculate total monthly take-home	pay. Subtract line 6 from line 4.	7.	\$	4,413.65		\$	0.00			
8. List all other income regularly received	ved:									
8a. Net income from rental property	y and from operating a business,									
profession, or farm  Attach a statement for each prope	orty and business showing gross									
receipts, ordinary and necessary			¢	0.00		¢	0.00			
monthly net income.		8a.	Ψ			Φ				
8b. Interest and dividends		8b.	\$	0.00		\$	0.00			
8c. Family support payments that y regularly receive	you, a non-filing spouse, or a depend	lent								
• •	, child support, maintenance, divorce		\$	0.00		¢	0.00			
settlement, and property settleme	nt.	8c.	Φ	0.00		Φ	0.00			
8d. Unemployment compensation		8d.	\$	0.00		\$	0.00			
8e. Social Security		8e.	\$	3,876.99		\$	0.00			
8f. Other government assistance the										
	value (if known) of any non-cash assista amps (benefits under the Supplemental	ance								
Nutrition Assistance Program) or I	housing subsidies.		•	0.00		•	0.00			
Specify:		. 8f.	\$			\$				
8g. Pension or retirement income		8g.	\$	0.00		\$	0.00			
8h. Other monthly income. Specify:	See continuation page attached	8h.	+\$	3,006.46		+\$	0.00			
		-		6,883.45	1 Г		0.00	1		
9. Add all other income. Add lines 8a +	00 + 00 + 00 + 00 + 01 + 09 + 011.	9.	\$	0,000.10	l L	\$		]		
10. Calculate monthly income. Add line 7	7 + line 9.		<sub>د</sub> 1	1,297.10	+	\$	0.00	]_ [	11,297	7.10
Add the entries in line 10 for Debtor 1 a	and Debtor 2 or non-filing spouse.	10.	<u>ф_,</u>	1,207.10	┇	Φ	0.00	] [	, ,	
11. State all other regular contributions	to the expenses that you list in Sche	edule .	I.							
	ed partner, members of your household,	your c	lepende	ents, your roo	omma	ates, and	other			
friends or relatives.		4		4		11-4 1 i C	N-1			
	cluded in lines 2-10 or amounts that are	e not a	vallable	to pay expe	nses	listed in S		<b>.</b>	•	
Specify:							11.	т ;	δ	
12. Add the amount in the last column						-	40	,	11,297	7.10
write that amount on the Summary of	Your Assets and Liabilities and Certain	SIATIST	icai into	ormation, it it	appli	les	12.	L	P Combined	
		_							monthly in	
13. Do you expect an increase or decre	ase within the year after you file this	form	,							
<ul><li>✓ No.</li><li>✓ Yes. Explain:</li></ul>										
— 100. Explain.										

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 Debtor 1
 Case number (if known)

 First Name
 Middle Name

 Last Name

#### **Continuation Sheet for Official Form 106I**

8h. Other Monthly Income:

Rental of 104 Wally Drive, Richland, NJ (Debtor) \$1,431.00

Rental Income for 523 Westmone Lane, Vineland, NJ. (Debtor) \$1,575.46

Official Form 106l Schedule I: Your Income

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Fill in this information to identify	your case:			
Debtor 1 James R. Torres Sr.		Check if this	e ie:	
First Name Omayra Torres Debtor 2	Middle Name Last Name	An ame		
(Spouse, if filing) First Name	Middle Name Last Name	☐ A supple	nded lilling ement showing postp	etition chapter 13
Officed States Bankruptcy Court for the.	District of New Jersey (S		es as of the following	
Case number (If known) 24-13989		MM / DD	/ YYYY	
Official Form 106J				
Schedule J: You	ur Expenses			12/15
Be as complete and accurate as poinformation. If more space is neede (if known). Answer every question.				
Part 1: Describe Your Hou	sehold			
1. Is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a s No Yes. Debtor 2 must file	eparate household?  • Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	<b>☑</b> No	·		
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	cadir dependent			No Yes
				∐No ∐Yes
				No
				Yes
				∐No □voo
				Yes No
				Yes
Do your expenses include expenses of people other than yourself and your dependents?	V No ☐ Yes			
Part 2: Estimate Your Ongoi	ng Monthly Expenses			
Estimate your expenses as of your expenses as of a date after the ban applicable date.	bankruptcy filing date unless you a	-		
Include expenses paid for with non such assistance and have included	•		Your exper	nses
	xpenses for your residence. Include	•	4. \$	3,210.52
If not included in line 4:				
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or re	enter's insurance		4b. \$	0.00
4c. Home maintenance, repair, a	and upkeep expenses		4c. \$	50.00

Homeowner's association or condominium dues

4d.

0.00

4d.

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Debtor 1 James R. Torres Sr. & Omayra Torres

irst Name Middle Name Last Name

Case number (if known) 24-13989

		Your ex	penses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	513.94
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	350.00
6b. Water, sewer, garbage collection	6b.	\$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	209.00
6d. Other. Specify: Solar Lease	6d.	\$	149.21
7. Food and housekeeping supplies	7.	\$	400.00
8. Childcare and children's education costs	8.	\$	0.00
9. Clothing, laundry, and dry cleaning	9.	\$	80.00
Personal care products and services	10.	\$	90.00
1. Medical and dental expenses	11.	\$_	60.00
2. <b>Transportation.</b> Include gas, maintenance, bus or train fare.		\$	350.00
Do not include car payments.	12.	•	50.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	59.00
4. Charitable contributions and religious donations	14.	\$	0.00
<ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>			
15a. Life insurance	15a.	\$	92.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	380.00
15d. Other insurance. Specify: Term Life Insurance Policy through USAA	15d.	\$	24.57
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:	16.	\$	0.00
7. Installment or lease payments:  17a. Car payments for Vehicle 1	17a.	\$	279.00
17b. Car payments for Vehicle 2	17a. 17b.	\$	
. ,		-	0.00
17c. Other Specify:	17c.		0.00
17d. Other. Specify:	17d.	\$	0.00
<ol><li>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</li></ol>	<b>m</b> 18.	•	0.00
		\$	
Once if the		•	0.00
Specify:	19.	\$	
O. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your In	ncome.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	James R.	Torres Sr.		Case number	24 (if known)	-13989	
	First Name	Middle Name	Last Name		<u></u>		
21. <b>Oth</b>	ner. Specify: Pet	food and farm a	nimal food.		— <sub>21.</sub>	+\$	200.00
Home e	quity loan for 104	Wally Drive, Ric	chland, NJ08350.		21.	+\$	777.00
Mtg. on	104 Wally Dr., R	chland, NJ of \$1	,334.08 + Solar pay't of \$1	49.21; Mtg Pay't on 523 Westmont		+\$	2,670.65
22. <b>Ca</b> l	Iculate your mo	nthly expenses					
22a	. Add lines 4 thro	ough 21.			22a.	\$	10,296.75
22b	. Copy line 22 (n	nonthly expenses	for Debtor 2), if any, from	Official Form 106J-2 22c. Add line 22	2a 22b.	\$	
and	22b. The result	is your monthly e	expenses.		22c.	\$	10,296.75
23. <b>Calc</b>	ulate your mon	thly net income					11 007 10
23a.	Copy line 12 ()	our combined m	onthly income) from Sched	ule I.	23a.	\$	11,297.10
23b.	Copy your mor	nthly expenses fr	om line 22c above.		23b.	-\$	10,296.75
23c.	Subtract your r	monthly expense	s from your monthly income	e.		\$	1,000.35
	The result is yo	our monthly net i	ncome.		23c.	Ψ	
24. <b>Do y</b>	ou expect an in	crease or decre	ease in your expenses wit	hin the year after you file this form	1?		
For e	example, do you	expect to finish p	paying for your car loan witl	nin the year or do you expect your			
mort	gage payment to	increase or dec	rease because of a modific	ation to the terms of your mortgage?			
V N	lo						
☐ Y	es. Explain	nere:					

Fill in this in	formation to identify	your case:	
Debtor 1	James R. Torres	Sr.	
	First Name Omayra Torres	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	District of New Jersey	
Case number	24-13989		 
	(If known)		

Check if this is an amended filing

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$ <u>1,092,200.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>65,458.36</u>
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>1,157,658.36</u>
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$ <u>1,163,827.21</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$99,159.00
Your total liabilities	\$ <u>1,262,986.21</u>
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$ <u>11,297.10</u>
5. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J	<sub>\$</sub> 10,296.75

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Debtor 1

Middle Name

24-13989 Case number (if known)

Pá	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form Yes	orm to the court with your other	schedules.
7.	What kind of debt do you have?  ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.  ✓ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	ses. 28 U.S.C. § 159.	
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	come from Official	\$13,020.38
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Student loans. (Copy line 6f.)	\$4,358.00	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	
	9g. <b>Total.</b> Add lines 9a through 9f.	\$4,358.00	

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Debtor 1 Ja	ames R. Tori	res Sr.		
F	irst Name	Middle Name	Last Name	
Debtor 2	Dmayra Torre	S		
(Spouse, if filing) Fi	irst Name	Middle Name	Last Name	

Check if this is an amended filing

#### Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

d you pay or agree to pay someone who is NOT and	attorney to help you fill out bankruptcy forms?
	,,
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
der penalty of perjury, I declare that I have read the at they are true and correct.	e summary and schedules filed with this declaration and
/s/ James R. Torres Sr.	🗴 /s/ Omayra Torres
ignature of Debtor 1	Signature of Debtor 2